



# HAWAII STATE ETHICS COMMISSION

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## GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

|                        |                              |                 |                 |
|------------------------|------------------------------|-----------------|-----------------|
| NAME:                  | Nina Couch                   | STATE POSITION: | Investigator IV |
| STATE AGENCY:          | DCCA, Insurance Division     | STATE TEL. NO.: | (808) 586-2796  |
| STATE MAILING ADDRESS: | PO Box 3614<br>Hon. HI 96811 |                 |                 |

| 1 | DONOR                            | 2 | DESCRIPTION OF GIFT   | 3 | DATE<br>REC'D | 4 | GIFT<br>VALUE | 5 | AGG.<br>VALUE |
|---|----------------------------------|---|---|---|---------------|---|---------------|---|---------------|
|   | National Assoc. of<br>Ins. Comm. |   | Airfare, hotel, taxi, meals<br>to attend E. Regulation Conference<br>in Kansas City, MO |   | 6/1/04        |   | \$ 1350.-     |   |               |
|   |                                  |   |   |   |               |   |               |   |               |
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| 1 | DONOR | 2 | DESCRIPTION OF GIFT                        | 3 | DATE<br>REC'D | 4 | GIFT<br>VALUE | 5 | AGG.<br>VALUE |
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|   |       |   | RECEIVED                                   |   |               |   |               |   |               |
|   |       |   | '04 JUN 30 P1:14                           |   |               |   |               |   |               |
|   |       |   | STATE OF HAWAII<br>STATE ETHICS COMMISSION |   |               |   |               |   |               |
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Check here if you have attached additional sheets.

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement.

*Nina Couch*  
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 SIGNATURE

*6/30/04*  
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 DATE